PAGE 1 / 18

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 37	For	Other	Than An	Authorize	d Commi	ttee		Office U	Jse Only	
1. NAME OF COMMITTEE (i		PE OR F	PRINT ▼		ample: If ty er the lines		12FE	E4M5		
WOMEN SPE	EAK OUT P	AC								1
ADDRESS (number		2800 Shii	rlington Rd							
▼ Check if d	I	Suite 120	00							
than previous reported. (Arlington					VA L	2220	6 [
2. FEC IDENTIF	CATION NUM	BER ▼		CITY 🛦			STATE A	,	ZIP COD	E A
C C00530	766		3	B. IS THIS REPORT	x	NEW (N) OR		AMENDED (A)		
4. TYPE OF RE (Choose One)	EPORT	(b) Mon Rep		Feb 20 (M2)		May 20 (M5		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly F	Reports:		님	Mar 20 (M3) Apr 20 (M4)		Jun 20 (M6) Jul 20 (M7)	Н	Sep 20 (M9) Oct 20 (M10)		(Non-Election Year Only) Jan 31 (YE)
April 1 Quarte	5 erly Report (Q1)	(0)	10.5	7101 20 (1814)						
July 1 Quarte	5 erly Report (Q2)	(c)	12-Day PRE-Election Report for the		Primary (1 Convention		=	neral (12G) ecial (12S)	П	Runoff (12R)
Octobe Quarte	er 15 erly Report (Q3)		rioport for an			(123)				
Janua Year-E	ry 31 End Report (YE)		E	lection on	M M	/ D D /	Y	Y	in the State of	
Repor Year (1 Mid-Year t (Non-election Only) (MY)	(d)	30-Day POST-Election Report for the		General (3	80G)	Rur	noff (30R)	<u> </u>	Special (30S)
Termir (TER)	nation Report		E	ection on	M = M	/ D = D /	Y	Y	in the State of	
5. Covering Period	d 01	01		20	through	n 01	/ D 31)20	
I certify that I have				st of my kno	wledge an	d belief it is to	rue, corre	ct and comple	te.	
Type or Print Name		Gross, Je	ennifer, , ,							
Signature of Treasu	Gross, Je	nnifer, , ,			[Electronic	ally Filed]	Date	02 / D		2020
NOTE: Submission o	f false, erroneou	s, or inco	omplete inforn	nation may s	ubject the p	erson signing	this Repor	t to the penalt	ies of 52 L	J.S.C. § 30109
Office Use Only									FORN Rev. 05/201	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

_	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
	Write or Type Committee Name WOMEN SPEAK OUT PAC		
F	Report Covering the Period: From:	01 01 2020 To:	01
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020		1080829.04
	(b) Cash on Hand at Beginning of Reporting Period	1080829.04	
	(c) Total Receipts (from Line 19)	1101180.00	1101180.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2182009.04	2182009.04
7.	Total Disbursements (from Line 31)	12626.18	12626.18
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2169382.86	2169382.86
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	125932.10	
	This committee has qualified as a mul-	ticandidate committee. (see FEC FORM 1M)	
_		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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port Covering the Period: From: 01	01 2020 To	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
· •		
(i) Itemized (use Schedule A)	1100300.00	1100300.00
(ii) Unitemized(iii) TOTAL (add	880.00	880.00
Lines 11(a)(i) and (ii)	1101180.00	1101180.00
	0.00	0.00
(such as PACs)	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	1101180.00	1101180.00
Transfers From Affiliated/Other	7 7 7	
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
_oan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	7
·		
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
	0.00	0.00
·	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	4 4	4 4
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal Admirity (form Only of the LLA)				
Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
(i) I ederal Strate				
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	4626.18	4626.18		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	4626.18	4626.18		
Transfers to Affiliated/Other Party	4 4			
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures (use Schedule E)	8000.00	8000.00		
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4 4	4 1 4 1 4 1 4		
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00		
	7 7	0.00		
Other Disbursements (Including Non-Federal Donations)	0.00	0.00		
	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101 (a) Allocated Federal Election Activity	1(20))			
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid	4	4 4 1 4		
Entirely With Federal Funds(c) Total Federal Election Activity (add	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12626.18	12626.18		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	12626 19	10002:0		
	12626.18	12626.18		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Rev. 05/2016)		Page 3
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1101180.00	1101180.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1101180.00	1101180.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	4626.18	4626.18
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4626.18	4626.18

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		6	OF	18	
(0	(check only one)									
	X	11a		11b		11c		12	2	
		13		14		15		16	6	17

Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC			
Full Name of Individual (Last, First, Middle In DePaulo, Kelly, , , Mailing Address 119 Edgewood Road City Wilmington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Homemaker Receipt For: 2020 Primary General Other (specify) Other (specify)	State Zip C DE 198 C Occupation (for Homemaker) Aggregate Year-to-Date	code 903 or Individual)	Date of Receipt 17 2020 Transaction ID: SA11AI.16131 Amount of Each Receipt this Period 300.00 Memo Item
Full Name of Individual (Last, First, Middle In Duncan, Jan, , , Mailing Address 2980 Lazy Lane Boulevard City Houston FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: 2020 Primary General Other (specify)	State Zip C TX 770 C Occupation (for Retired Aggregate Year-to-Day	code 19-1302 or Individual) ate ▼	Date of Receipt M M
Full Name of Individual (Last, First, Middle In Suter, George, B., , Mailing Address 2580 Greenwood Acres Driv City Dekalb FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: 2020 Primary General Other (specify)	e State Zip C	code 15-4913 or Individual)	Date of Receipt O1 16 2020 Transaction ID: SA11AI.16121 Amount of Each Receipt this Period 100000.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		·····	1100300.00
TOTAL This Period (last page this line number	r only)		1100300.00

S 17

Temized Disbursement Disburseme	S	CHEDULE B (FEC Form 3X)	FC			FOR LINE NUMBER: PAGE 7 OF 18					F 18		
Detailed Summary Page	IT	EMIZED DISBURSEMENTS			I ` —	eck only one)							
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of seliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in PLAN)					x				L				
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) WOMEN SPEAK OUT PAC Full Name (Last, First, Middle Initial) A. Crosby Ottenhoff Group Mailing Address £11 Pernsylvaria Ave Ste #267 City State Still Pernsylvaria Ave Ste #267 City Washington Compliance Consoliding Candidate Name Category/ Type District Full Name (Last, First, Middle Initial) B. I360 Mailing Address P.O. Box 37046 City State District Full Name (Last, First, Middle Initial) B. I360 Mailing Address P.O. Box 37046 City State Disbursement District Full Name (Last, First, Middle Initial) City State Disbursement District Full Name (Last, First, Middle Initial) City State Disbursement Category/ Type Office Sought House Disbursement For: Full Name (Last, First, Middle Initial) Crandidate Name City State Disbursement City State	Δ.	by information copied from such Departs and Clate	monto mass	not be seld or	ad by are								iono
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Washington Purpose of Disbursement Compliance Consulting Cardidate Name Category/ Type Office Sought: House Primary General President Disbursement For: President President Primary General District: Full Name (Last, First, Middle Initial) B. j360 Mailing Address P.O. Box 37046 City Saltimore MnD 21297-3046 Purpose of Disbursement Dues / Subscriptions Candidate Name Office Sought: House Disbursement For: Senate President Dues / Subscriptions Category/ Type FEC Identification Number Mamount of Each Disbursement this Period Fec Identification Number Category/ Type Fec							01		23			2020	
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4427.50	s	SUBTOTAL of Disbursements This Page (optional)						1 70				4437.5	50
	H							,		,		4437.5	50

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 OF 18

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Transaction ID: SC/10.9700 WOMEN SPEAK OUT PAC Election: **LOAN SOURCE** Full Name (Last, First, Middle Initial) Susan B Anthony List, Inc. Memo Item Primary General Mailing Address 2800 Shirlington Rd Other (specify) ▼ Ste 1200 City State ZIP Code 22206 Arlington VA Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 77452.55 77452.55 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 30 11 2017 11/30/2021 0.00 X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 77452.55 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 9 OF 18

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Transaction ID: SC/10.13439 WOMEN SPEAK OUT PAC Election: **LOAN SOURCE** Full Name (Last, First, Middle Initial) Susan B Anthony List, Inc. Memo Item Primary General Mailing Address 2800 Shirlington Rd Other (specify) ▼ Ste 1200 State City ZIP Code 22206 Arlington VA Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 10118.58 10118.58 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 30 11 2018 11/30/2022 0.00 X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 10118.58 TOTALS This Period (last page in this line only)..... 87571.13 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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10 OF

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non-Federal - Consulting / Subscriptions i360 Mailing Address P.O. Box 37046 State Zip Code **Baltimore** MD 21297-3046 Transaction ID: SD10.15873 Outstanding Balance Beginning This Period 214.08 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 214.08 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Estimate digital ads Media Bridge Mailing Address 11300 Astarita Ave City State Zip Code Partlow 22534 Outstanding Balance Beginning This Period Transaction ID: SD10.15740 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2000.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Existing Loan owed to SBA Susan B Anthony List, Inc. Mailing Address 2800 Shirlington Rd Ste 1200 City State Zip Code Arlington 22206 VA Outstanding Balance Beginning This Period Transaction ID: SD10.4157 10500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 10500.00 0.00 12714.08 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Loan for FEC Reporting Services Susan B Anthony List, Inc. Mailing Address 2800 Shirlington Rd Ste 1200 City State Zip Code Arlington VΑ 22206 Transaction ID: SD10.4110 Outstanding Balance Beginning This Period 5000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailings Expense Susan B Anthony List, Inc. Mailing Address 2800 Shirlington Rd Ste 1200 City State Zip Code Arlington 22206 Outstanding Balance Beginning This Period Transaction ID: SD10.4318 5204.43 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5204.43 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original transactions put on SBA CC Susan B Anthony List, Inc. Mailing Address 2800 Shirlington Rd Ste 1200 City State Zip Code Arlington 22206 VA Outstanding Balance Beginning This Period Transaction ID: SD10.6625 8610.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 8610.00 18814.43 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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X 10 NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Expense put on SBA CC Susan B Anthony List, Inc. Mailing Address 2800 Shirlington Rd Ste 1200 City State Zip Code Arlington VΑ 22206 Transaction ID: SD10.6756 Outstanding Balance Beginning This Period 4709.73 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4709.73 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): To post Thrifty Car Rental Expense put on Susan B Anthony List, Inc. SBA Card Mailing Address 2800 Shirlington Rd Ste 1200 City State Zip Code Arlington 22206 Outstanding Balance Beginning This Period Transaction ID: SD10.9222 1894.83 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1894.83 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non-Federal - Supplies Susan B Anthony List, Inc. Mailing Address 2800 Shirlington Rd Ste 1200 City State Zip Code Arlington 22206 VA Outstanding Balance Beginning This Period Transaction ID: SD10.15960 200.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 200.00 6804.56 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 13 OF
FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non-Federal - Travel Susan B Anthony List, Inc. Mailing Address 2800 Shirlington Rd Ste 1200 State Zip Code Arlington VA 22206 Transaction ID: SD10.15958 Outstanding Balance Beginning This Period 27.90 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 27.90 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Payment This Period Amount Incurred This Period 27.90 1) SUBTOTALS This Period This Page (optional)..... 38360.97 2) TOTALS This Period (last page this line number only)..... 87571.13 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 125932.10 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 14 OF 18	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼	
				C C00530766	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	M M / D D / Y Y Y Y Y	
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination	
FP1 Strategies, LLC				02 07 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 3001 Washington Blvd			<i>A</i>	Amount	
7th Floor	l o	7: 0 1		200.00	
City	State	Zip Code		800.00	
Arlington	VA	22201		Transaction ID : SE.16026 Date of Disbursement or Obligation	
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type		01 13 / Y Y Y Y Y	
Name of Federal Candidate:		X Support	Office S	Sought: House District:	
TRUMP, DONALD J., , ,		Oppose	X P	resident Senate State:	
Calendar Year-To-Date		000.00		ement For: Primary Seneral	
Per Election for Office Sought	7 7	800.00	2020	Other (specify) ▶	
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination	
FP1 Strategies, LLC				M M / D D / Y Y Y Y	
Mailing Address 2004 Washington Plud				02 07 2020	
3001 Washington Blvd 7th Floor			A	Amount	
City	State	Zip Code		800.00	
Arlington	VA	22201		Transaction ID : SE.16028 Date of Disbursement or Obligation	
Purpose of Expenditure		Category/		M M / D D / Y Y Y	
MEDIA PRODUCTION		Type		01 13 2020	
Name of Federal Candidate:		Support	Office S	Sought: House District:	
BUTTIGIEG, PETE, , ,		x Oppose	X P	resident Senate State: FL	
Calendar Year-To-Date		800.00		ement For: 🗶 Primary General	
Per Election for Office Sought	7 1 7	800.00	2020	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	;			1600.00	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •		
(c) TOTAL Independent Expenditures			. [
(-,			_		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,	[Electronically Fil	ed1 -	M = M	/ 010 / 71717	
Signature		Date	02	20 2020	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 15 OF 18
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee FP1 Strategies, LLC		☐ Memo	Item Dat	te of Public Distribution/Dissemination
11 Tottategles, LLO				02 07 7 2020
Mailing Address 3001 Washington Blvd			Am	ount
7th Floor				
City	State	Zip Code		800.00
Arlington	VA	22201		insaction ID : SE.16031 te of Disbursement or Obligation
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type		01 / D D / Y Y Y Y Y Y Y 13
Name of Federal Candidate:		Support	Office Sou	ught: House District:
SANDERS, BERNARD, , ,		x Oppose	x Pres	sident Senate State: FL
Calendar Year-To-Date		4600.00	Disbursen	nent For: 🗶 Primary General
Per Election for Office Sought	<u></u>	1600.00	2020	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Dat	te of Public Distribution/Dissemination
FP1 Strategies, LLC				02 07 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3001 Washington Blvd				<u> </u>
7th Floor			Am	ount
City	State	Zip Code		800.00
Arlington	VA	22201		ansaction ID : SE.16036 te of Disbursement or Obligation
Purpose of Expenditure MEDIA PRODUCTION		Category/		01 13 2020
		Type		01 10 2020
Name of Federal Candidate:		Support	Office Sou	
WARREN, ELIZABETH, , ,		x Oppose	X Pres	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		800.00	Disbursen 2020	nent For: Primary General
Fel Election for Office Sought	7 7		2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. •	1600.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(b) 00210 M2 of officering mappendone Experiance				<u> </u>
(c) TOTAL Independent Expenditures			·· •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Gross, Jennifer, , ,	[Electronically File	edl -	M = M	/ D D / Y Y Y Y Y
Signature	I'	_ Date	e 02	20 2020

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 16 OF 18 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ WOMEN SPEAK OUT PAC C00530766 Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Date of Public Distribution/Dissemination FP1 Strategies, LLC 02 07 2020 Mailing Address 3001 Washington Blvd Amount 7th Floor City State Zip Code 800.00 Arlington 22201 Transaction ID: SE.16039 VA Date of Disbursement or Obligation Purpose of Expenditure Category/ MEDIA PRODUCTION 01 13 2020 Type Name of Federal Candidate: Support Office Sought: House District: BIDEN, JOSEPH R JR, , , NC Oppose x President State: Senate Disbursement For: x Primary General Calendar Year-To-Date 1600.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item FP1 Strategies, LLC 07 2020 Mailing Address 3001 Washington Blvd Amount 7th Floor 800.00 City State Zip Code Arlington Transaction ID: SE.16055 VA 22201 Date of Disbursement or Obligation Purpose of Expenditure Category/ MEDIA PRODUCTION 13 2020 01 Type Name of Federal Candidate: x Support Office Sought: House District: TRUMP, DONALD J., , , Oppose **X** President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 1600.00 2020 Per Election for Office Sought Other (specify) ▶ 1600.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Gross, Jennifer, , , [Electronically Filed] 02 20 2020 Date Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 17 OF 18 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ WOMEN SPEAK OUT PAC C00530766 Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Date of Public Distribution/Dissemination FP1 Strategies, LLC 02 07 2020 Mailing Address 3001 Washington Blvd Amount 7th Floor City State Zip Code 800.00 Arlington 22201 Transaction ID: SE.16057 VA Date of Disbursement or Obligation Purpose of Expenditure Category/ MEDIA PRODUCTION 01 13 2020 Type Name of Federal Candidate: Support Office Sought: House District: BUTTIGIEG, PETE, , , NC Oppose x President State: Senate Disbursement For: x Primary General Calendar Year-To-Date 2400.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item FP1 Strategies, LLC 07 2020 02 Mailing Address 3001 Washington Blvd Amount 7th Floor 800.00 City State Zip Code Arlington Transaction ID: SE.16059 VA 22201 Date of Disbursement or Obligation Purpose of Expenditure Category/ MEDIA PRODUCTION 13 2020 01 Type Name of Federal Candidate: Support Office Sought: House District: SANDERS, BERNARD, , , NC X Oppose **X** President Senate State: Disbursement For: x Primary General Calendar Year-To-Date 3200.00 2020 Per Election for Office Sought Other (specify) ▶ 1600.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Gross, Jennifer, , , [Electronically Filed] 02 20 2020 Date Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 18 OF 18
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766
				0,
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item I	Date of Public Distribution/Dissemination
FP1 Strategies, LLC				02 07 7 2020
Mailing Address 3001 Washington Blvd				Amount
7th Floor City	State	Zip Code		800.00
Arlington	VA	22201		Transaction ID : SE.16064
	VA	22201		Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type		01 / 13 / 2020
Name of Federal Candidate:		Support	Office	Sought: House District:
WARREN, ELIZABETH, , ,		x Oppose	X F	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7 1 7	2400.00	Disburs 2020	ement For: Primary General Other (specify) ▶
Full Name of Payee		☐ Memo	Item I	Date of Public Distribution/Dissemination
FP1 Strategies, LLC				02 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3001 Washington Blvd				02 00 2020
7th Floor			1	Amount
City	State	Zip Code		800.00
Arlington	VA	22201		Transaction ID : SE.16066 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type		01
Name of Federal Candidate:		Support	Office S	Sought: House District:
BIDEN, JOSEPH R JR, , ,		Oppose	X F	President Senate State: FL
Calendar Year-To-Date		3200.00		ement For: 🗶 Primary General
Per Election for Office Sought	7 7	3200.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		[1600.00
(,			, I	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		• •	
(c) TOTAL Independent Expenditures			•	8000.00
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		
Gross, Jennifer, , ,	[Electronically Fil	led1	M = N	/ D D / Y Y Y Y Y
Signature	_г _исиониану Г н	<i>eaj</i> Date	e 02	20 2020